

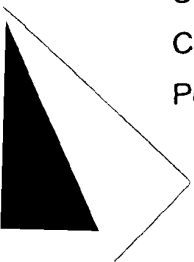
Application Data Sheet

Application Information

Application number::
Filing Date:: 06/05/02
Application Type:: Regular
Subject Matter:: Utility
Title:: CAMERA REFERENCED CONTROL IN A
MINIMALLY INVASIVE SURGICAL
APPARATUS
Attorney Docket Number:: 017516-002120US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 27
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.: No

Applicant Information

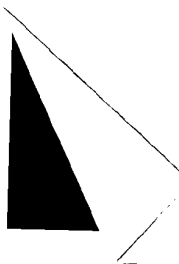
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: GUNTER
Middle Name:: D.
Family Name:: NIEMEYER
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 111 N. Rengstorff Ave., #135
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94043



Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: GARY
Middle Name:: S.
Family Name:: GUTHART
City of Residence:: Foster City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 732 Chebec lane
City of Mailing Address:: Foster City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: WILLIAM
Middle Name:: C.
Family Name:: NOWLIN
City of Residence:: Los Altos
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1751 Oak Avenue
City of Mailing Address:: Los Altos
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94024

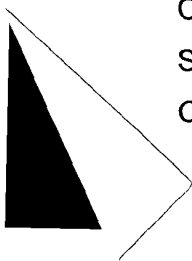
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: NITISH



Family Name:: SWARUP
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1000 Escalon Avenue, L-3094
City of Mailing Address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: GREGORY
Middle Name:: K.
Family Name:: TOTH
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 753 Harvard Avenue
City of Mailing Address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94087

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ROBERT
Middle Name:: G.
Family Name:: YOUNGE
City of Residence:: Portola Valley
State or Province of Residence:: CA
Country of Residence:: US



Street of Mailing Address:: 550 Westridge Drive
City of Mailing Address:: Portola Valley
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94028

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	36,443	Mark D. Barrish

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/373,678	08/13/99
which claims benefit	provisional	60/128,160	04/07/99

Assignee Information

Assignee Name:: Intuitive Surgical, Inc.
Street of mailing address:: 950 Kifer Road
City of mailing address:: Sunnyvale
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94086

